

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED  
OMB NO. 0938-0193**TRANSMITTAL AND NOTICE OF APPROVAL  
OF STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATIONTO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES1. TRANSMITTAL NUMBER:  
03-001

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)4. PROPOSED EFFECTIVE DATE  
02-01-03

5. TYPE OF STATE PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
42 CFR 447.253 and Section 1923(c) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 -0-

b. FFY 2004 -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 16 to Attachment 4.19-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (If applicable)

Page 16 to Attachment 4.191-A;

10. SUBJECT OF AMENDMENT: The Department of Social Services is proposing to change the frequency of its disproportionate share payments to qualifying short-term children's hospitals. Effective February 1, 2003, the Department will make up to four (4) quarterly payments, to each qualifying hospital in each state fiscal year, the sum of which does not exceed 100% of the amount appropriated for payments during the current state fiscal year. These payments shall be considered to final payments, subject to the federal hospital specific limits on disproportionate share payment adjustments. Any amount paid that is subsequently determined to exceed the amount of allowable costs for uncompensated care shall be deducted from subsequent payments.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

Comments, if any, to follow.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Michael P. Starkowski

14. TITLE: Deputy Commissioner

15. DATE SUBMITTED:  
January 29, 2003

16. RETURN TO:

State of Connecticut  
Department of Social Services - 11<sup>th</sup> floor  
25 Sigourney Street  
Hartford, CT 06106-5033  
Attention: Donald Iodice

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 2/4/03

18. DATE APPROVED: 3/7/03

## PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

2/1/03

20. SIGNATURE OF REGIONAL OFFICIAL:

Brown for Smith

21. TYPED NAME: CHARLENE BROWN

22. TITLE: Deputy Director, CMSO

23. REMARKS:

Attachment 4.19A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State Connecticut

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Payments shall be made to each of the qualifying short-term children's hospitals as follows:

1. (A) Determine the amount appropriated for payments under this section during the current state fiscal year.
  - (B) Determine the amount of uncompensated care reported by each of the qualifying hospitals during the most recent fiscal year for which audited information is available.
  - (C) Add up the total amount of uncompensated care for all of the qualifying hospitals described in (B).
  - (D) Divide the result of (B) by the result of (C).
  - (E) Multiply (A) by the results of (D).
  - (F) Make up to four (4) quarterly payments to each qualifying hospital in each state fiscal year, the sum of which does not exceed 100% of the amount described in (A). These payments shall be considered to be final payments, subject to the federal hospital specific limits on disproportionate share payment adjustments.
- II. Any amount paid that is subsequently determined to exceed the amount of allowable costs for uncompensated care shall be deducted from subsequent payments.

TN# 03-001Approval Date MAR 7 2003Effective Date 2-01-03

Supersedes  
TN# 01-014